



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Ame Hurst

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Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10900813
Outpatient Patient Service Revenue	\$45452644
Total Gross Patient Service Revenue	\$56353457

2. Deductions From Revenue

Contractual Allowance	\$29028588
Other Deductions	\$3673543
Total Deductions	\$32702131

3. Total Operating Revenue

Net Patient Service Revenue	\$23651326
Other Operating Revenue	\$508806
Total Operating Revenue	\$24160132

4. Operating Expenses

Salaries and Wages	\$7333579	Employee Benefits	\$2368346
Depreciation and Amortization	\$683539	Interest Expense	\$259973
Bad Debt	\$207229	Other Expenses	\$10908816
Total Operating Expenses	\$21761482		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2398650	Total Assets	\$9331344
Net Non-operating Gains over Loss	\$-612142	Total Liabilities	\$9331344

Total Net Gains	\$1786508
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23601893	\$14333571	\$9268322
Medicaid	\$15934220	\$9029472	\$6904748
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16817344	\$9339088	\$7478256
Total	\$56353457	\$32702131	\$23651326

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2586428
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2327497		
Subtotal	\$2327497	\$0	\$2327497
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2327497	\$0	\$2327497

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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